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To: Shelter Directors
Directors of Social Service

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From: Dova Marder, MD *DM*
Agency Medical Director, DHS

Re: Clients Entering the Shelter System
with a "Code 30" in SCIMS or without
PRU Clearance

This memo is to clarify how shelter staff should handle situations involving individuals who seek to enter or return to the shelter system following a hospitalization. It addresses situations involving clients who have had a "Code 30" medical alert entered in SCIMS as well as clients who have not obtained PRU clearance from DHS for shelter placement.

A "CODE 30" OR LACK OF PRU CLEARANCE DOES NOT PREVENT A CLIENT FROM ENTERING THE SHELTER SYSTEM; RATHER, IT ALERTS STAFF TO THE CLIENT'S SPECIAL STATUS AND SHOULD PROMPT STAFF TO MAKE FURTHER INQUIRIES INTO THE CLIENT'S HEALTH STATUS IMMEDIATELY AFTER HE OR SHE HAS BEEN ADMITTED TO THE SHELTER.

Background – The Hospital Discharge Process

When a hospital plans to discharge a patient to enter or return to the shelter system, the hospital must submit a referral package, describing the client's condition, to the Medical Review Team (MRT). The MRT (The Floating Hospital) is under contract to DHS for the purpose of reviewing the materials sent and submitting a recommendation to DHS as to whether the client should be discharged from the hospital to the shelter system. When the Medical Director of the MRT (or his/her designee) recommends that the client (based on his/her medical condition) should not be discharged into the shelter system, the Agency Medical Director at DHS, in charge of the DHS Program Referral Unit (PRU), reviews the recommendation and supporting medical documentation and then makes a final determination. When the DHS Agency Medical Director (or his/her designee) and PRU determine that a client should not be discharged into the shelter system,

the hospital is notified, and PRU places an alert code, "Code 30", into the SCIMS record for the individual.

A "Code 30" reflects a determination that the hospital should not discharge their patient into the shelter system, but should seek, instead, a more appropriate setting for the client where his/her medical needs will be better served. The threshold for assigning a "Code 30" is very high; in most cases, the client's medical conditions are so severe as to require the equivalent of nursing home care, hospice care, long-term physical rehabilitation, or (more rarely), short-term placement in a structured medical setting. Most of the conditions that are the basis for the entry of a "Code 30" are chronic and expected to worsen over time. Generally, the client with a "Code 30" alert either "a) causes a danger to himself or others or interferes with the comfort of other residents, b) is in need of a dietary regimen that cannot or will not be met by the facility, (or) c) is in need of a level of medical, mental health, or nursing care that cannot be rendered safely and effectively by approved community resources..." (18 NYCRR Section 491.4).

Once a "Code 30" determination is made, MRT/PRU faxes a letter to the hospital where the client is an inpatient. The letter advises the hospital staff of the determination and cites the general reason why this patient should not be discharged to the shelter system. It is the responsibility of the hospital to continue its discharge planning efforts to locate a more appropriate setting for the client.

When The Client With A "Code 30" Seeks To Enter The Shelter System

Sometimes, following discharge from the hospital (formal discharge, discharge against medical advice, or elopement), the client with a "Code 30" alert seeks to enter the shelter system. When that occurs, DHS assumes that, prior to discharge, the hospital determined that the patient had the capacity to make the decision to go to a setting that could not meet his/her medical needs. Upon learning of this patient's discharge from the hospital, PRU will attempt to obtain documentation from the hospital that, upon leaving the hospital, the patient had the capacity to decide to enter the shelter system.

As stated above, a client with a "Code 30" alert in SCIMS can enter the shelter system. However, the fact that a "Code 30" has been entered in SCIMS means that, at the time the client left the hospital, he/she had a serious enough medical condition so as to prompt two physicians (or their designees) to assert that the client was medically inappropriate for shelter placement. When a client with a "Code 30" alert in SCIMS seeks to enter or reenter the shelter system, the following steps should be taken:

1. When the client seeks to enter during regular business hours (weekdays, 9 am to 5 pm), staff should admit the client then *immediately notify* the Shelter Director or Director of Social Services (or his/her designee). The Director or designee then *immediately* must call the Coordinator of PRU (212-361-0590) to obtain information on the client's condition(s) that led to the placement of the "Code 30". PRU will review its records and consult with the shelter staff or the shelter medical provider, if available. PRU then will discuss with the shelter staff or shelter medical provider the optimal management of the client, including, if needed, referral back to the hospital or referral for a prompt evaluation by the shelter medical provider. If the client appears symptomatic in any regard (for example, if he/she complains of pain,

appears short of breath, sweaty, shaky, unstable on his/her feet, slurring his/her speech, agitated, etc.), he/she should be sent swiftly to the hospital via 911.

2. When the client seeks to enter during evenings and weekends, staff should admit the client then *immediately notify* their Supervisor. The Supervisor should then observe the patient for signs of illness and ask the patient what medical conditions he/she has and to what extent those conditions are problematic at that time. If the client complains of any medical or psychiatric problem, 911 should be called. 911 also should be called, if, in the judgment and observation of the (layperson) Supervisor, the client is acutely ill in any way and not likely to remain safe in the shelter because of these overt symptoms. The Supervisor should use his/her best judgment after speaking directly with the client. On evenings and weekends, the arrival and disposition of a client with an alert "Code 30" must be recorded in the logbook. On the next business day, the Shelter Director or Director of Social Service (or his/her designee) should contact PRU in order to obtain information on the client's condition(s) that led to the placement of the "Code 30" and follow the protocol as described above. Note that the Shelter Director or Director of Social Services should contact PRU even if the client returned to the hospital as PRU needs to know, if possible, to which hospital the client was sent.

The shelter medical provider must see all clients with a "Code 30" as soon as possible after they arrive at the shelter. The medical staff not only should assess the patient globally, and with special attention to the condition that warranted the "Code 30", but also must ascertain (and document) whether the patient has the capacity to decide to live in the shelter system where the medical services may not be adequate to address his medical condition. If the patient does not require emergent hospitalization, the medical staff should place him/her on an alert list, such that he/she may be followed more closely for development of acute symptoms requiring rehospitalization. The Medical and Social Services staff should have a very low threshold for rehospitalization as the condition that warranted a "Code 30" is one that, in the vast majority of cases, will worsen over time. When the patient is rehospitalized, PRU should be notified so that it, too, may flag the client as one requiring special attention.

Client Has No PRU Clearance

Shelter staff who discover in SCIMS or by a client's self-report that a client was sent or went to the hospital but has returned without PRU clearance, should admit the client then notify their Supervisor, who should, in turn, review any hospital discharge papers the client possesses. During weekdays, the Supervisor should contact PRU and follow the steps outlined in # 1 above. During evenings and weekends, the shelter staff should notify the Supervisor, who should follow the steps outlined in #2 above.

The threshold for rehospitalization of the recently discharged client who returns without PRU clearance should be higher than that for the client with a "Code 30". In the case of someone who leaves without PRU clearance, it is less likely that the patient has a serious medical condition that would render it unwise for him to stay at the shelter. However, as the client may have left the hospital prior to having received a "Code 30", it is imperative that the shelter notifies and requests information, as available, from PRU. Additionally, PRU and the office of the DHS Agency Medical Director, will track inappropriate hospital discharges into the shelter system (either "Code 30"s or those lacking PRU clearance), contact the hospital to inquire as to the circumstances of the